

Twelfth Annual Four Corners Indian Country Conference

**CONFERENCE REGISTRATION FORM
AND REGISTRATION FEE \$50.00
DUE BY JULY 23, 2004**

REGISTRATION FORM (One form per Applicant)

To be completed by all applicants & enclose registration fee.

Name: _____

Title : _____

Organization Name/Division: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #:(_____)_____ Fax #: (_____)_____ Alt. Phone #: (_____)_____

E-mail: _____

LODGING SCHOLARSHIP FORM (registration fee of \$50 still applies)

G Check here if applying for a lodging scholarship and complete the following:

Please check all that apply: **G** 8/17 (TUES.) **G** 8/18 (WED.) **G** 8/19 (THURS.)

G Smoking **G** Non-Smoking

Rooms will have to be shared with other participants; is there any reason you cannot share a room? **G** Yes **G** No

Please Explain or write a letter: _____

Name(s) of requested roommate(s):

**Fax to your state coordinator: AZ (602) 514-7650
NM (505) 346-7208**

**CO (303) 454-0410
UT (801) 524-6924**